

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5	1					
6	1					
7						
8						
9		1				
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20						
21	1					
22	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	14					
TOTAL DEP.	10					
TOTAL CLAIMS	24					

CLAIM NO.	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						